



## EMERGENCY MEDICAL SERVICES FOR CHILDREN (EMSC)/CHILD READY MONTANA Advisory Committee

SEPTEMBER 09, 2016 MEETING MINUTES-10:00 AM – 2:00 PM MEETING INFORMATION: In person: 1400 Broadway, Cogswell Building, C207-209 Video Conference: St. Vincent Healthcare –Billings; Conference call

### INTRODUCTIONS- roll call of members

Helena:; Robin Suzor, EMS For Children Program Manager; Clint Loss, MEMSA; Rep; Joann Flick, MT State Library Education Coordinator; Dayle Perrin-Hospital Preparedness Manager; Heather Racicot, Children w/ Special Health Needs Rep; Juanita Bueter, School Nurse; Dr. Greg Schulte, Pediatrician MT Academy of Pediatrics (telemed from Anaconda); Alyssa Sexton, RN; Cindee McKee, MHA Rep; Amy Trujillo, Paramedic; Don McGiboney, Hospital Preparedness Program; Janet Trethewey, Cardiac Ready Communities; Jeremy Brokaw, MT Injury Prevention Coordinator; Kari Tutwiler, FICMMR; Marc Swanson, Community Medical Center; Tracy Riley, Children's Mental Health Program; Dr. Beals, Pediatric Surgeon Community Medical Center (Missoula).

Billings: Kassie RunsAbove, Child Ready MT Program Coordinator; Andrew Goss, Billings Clinic Injury Prevention Coordinator; Amber-St V's Pediatric Nurse; Koren Bloom, Paramedic and Safe Kids Coalition representative, Joe Hanson, FAN REP; Roger Holt, PLUK.

Absent: Jen Shaw, Jamey Peterson, MT Children's Trust Fund; Pam Buckman, MT Dept. of Transportation; Tina Emblen, Childwise Institute; Jim DeTienne, MT EMS & T.

EMSC priorities are: To enhance healthcare professional pediatric education and training, To develop practice and care standards/guidelines; To promote pediatric injury prevention initiatives; To assist with pediatric disaster preparedness; and To develop a process to assure Emergency and Critical Care preparedness for the pediatric patient-facility Recognition.

The overall goal of the EMS FOR CHILDREN STATE PARTNERSHIP PROGRAM is to institutionalize pediatric emergency care within the larger EMS System. This will be accomplished through implementation of performance measure standards that assure the following are achieved: Nationally-recommended pediatric equipment are readily available in ambulances; Prehospital providers receive pediatric-focused training regularly and frequently to assure they are prepared to manage pediatric medical and traumatic emergencies;

Prehospital providers have access to pediatric medical direction whenever needed to assure the right care at the right time; Hospitals are equipped to medically-manage pediatric medical and traumatic emergencies; Healthcare facilities have well-defined guidelines and clearly understood processes that assure the immediate transfer of children to the most appropriate facility when medically-necessary; and That emergency medical service for children priorities are institutionalized with the State EMS System. Ensure that family-centered/patient-centered care is part of both prehospital and hospital phases of care for all children.

The overall goal of the CHILD READY MT is to implement a replicable regionalized system of healthcare for Montana children. Specific objectives include: Establishing and solidifying structure for program execution; Examining capabilities of each component of the healthcare system to optimize the sharing of resources; Developing and implementing processes to manage and treat acutely ill and severely injured children; Developing and implementing processes to provide pediatric specialty services for children requiring access to a higher level of service while providing clinical support and expertise that may facilitate keeping the child in the home community when the child's condition allows; and Facilitating access to and retrieval of clinical data to ensure safe, timelier, efficient, effective, and equitable and patient-centered care.

### MT SPROC Report-

Child Ready MT –Kassie continuing to work on “Cultural sensitivity/awareness training”. Child Ready MT is working with Indian Health Service to help educate other hospitals and healthcare re: the workings on I HS. Has two presentations on

Cultural Sensitivity at the IHS in Blackfeet Community Hospital (Sept 14) and at Crow-Northern Cheyenne Hospital (Sept 29<sup>th</sup>) Cultural Awareness Presentation from April 2016 was recorded on hard copy dvd for distribution.

**SPROC STRATEGIC PLAN- 2016-2020** – Strategic Plan taking the data reports into consideration re: injuries to children-added to the Collaboration Section S.P. 3 section 3.7- Child Passenger Safety Trainings; 3.8-Child Fall Protection (recreation is the leading causes of falls-snowboarding, skiing; etc. – i.e., helmet programs; 3.9 –Library Prevention Safety Programs; 3.10 – Collaborate with the Hospital Preparedness Program; 3.11 Collaborate with the MT Office of Public Instruction (OPI) Health and Safety Programs; 3.12 – Collaborate with the MT Healthy Kids Program (CHIP/Medicaid).

Preliminary Data Evaluation Plan was developed and submitted to the HRSA SPROC program.

Conference Call with Carl Taylor with Fraser Institute for Health and Risk Analytics re: state wide Medicaid data. He will start the data report to help report on children and ED visits across MT. The Data report will help us work on the regionalization of care-- “Why are children visiting the ED?”; What are the diagnoses for children being transferred to higher levels of care?”; How can we better serve our children and families in MT?” What are additional educational opportunities needed in MT for pediatric healthcare?” and How can we help mitigate and prevent an increase in MT of NAS?”

## **MT AND NAS:**

Vicki Birkeland RN gave a presentation on opioid use with pregnant women, results of use, and possible treatments options. Presented information on the dramatic increase in maternal opioid use and NAS; stigma and addiction aspects of use; symptoms of NAS; and what withdrawal looks like in infants born drug dependent.

## **Data Driven Prevention Initiative (DDPI) Grant**

Jeremy Brokaw presented on the new DDPI Grant MT recently received to help mitigate opioid use and abuse. Handouts included 5 facts sheets. The first year of the grant is development and planning. Jeremy will keep the advisory committee updated on the grant deliverables.

## **Library projects**

Text Messaging project and the MT State Library Disaster training in October 2016 updates- Ready 2 Read text message project: Sarah Groves with the MT State Library presented their innovative text messaging project for young families. The project covers a wide variety of early literacy skills messaging. Evaluations reported that 92% of respondents learned ideas and were more confident and spend more time with their children. Children with special health needs may be a good audience for this type of messaging as well as expanding this for early childhood illness and injury prevention messaging. Montana State Library disaster ready summit will feature Susan Yowell and Dan Wilson, former Coordinator for the National Network of Libraries of Medicine Disaster Ready Initiative. Goals are to create a disaster ready culture; bring together librarians and emergency planners to collaborate on libraries role to create greater community resilience and to learn about resources and products. Each participant will create a one-page disaster plan.

## **EMSC-updates:**

Facility Pediatric Recognition– 23 facilities have been visited and 12 have been recognized as Pediatric Prepared and Pediatric Capable. Pediatric Prepared Facilities that have received recognition: St. Vincent Healthcare in Billings Montana received recognition in May 2015; Northern Montana Hospital in Havre Montana received recognition in August 2015; North Valley Hospital in Whitefish Montana received recognition in October 2015; Beartooth Billings Clinic in Red Lodge Montana received recognition in March 2016; Kalispell Regional Healthcare (April 2016); and Billings Clinic (Billings.)

Pediatric Capable Facilities that have received recognition: Stillwater Billings Clinic in Columbus Montana received recognition in April 2015; Phillips County Hospital in Malta Montana received recognition in May 2015; Central Montana Medical Center in Lewistown received recognition in October 2015; Colstrip Medical Center Colstrip Montana received

recognition in July 2015; St. Joseph Hospital (Polson) and Community Hospital of Anaconda May 2016. St. Patrick Hospital, Benefis Hospital are scheduled in October. Glasgow and Glendive are scheduled in November 2016. Conversations with St. James in Butte, Helena, and Bozeman Hospitals. Hardin will be revisited w/ recent new policies and procedures, and qi processes;

### **Emergency Nursing Pediatric Course (ENPC) course-**

Handout- list of courses past and future courses. In 2016 as of 8/27 111 nurses have taken the course with 10 courses. 2 ENPC Instructor Courses were offered. 10 ENPC Courses are scheduled up to March 2017.

EPC-handout –total courses = 8; student total= 94; new instructors = 14. Lakeside course held 6/11 with 15 participants for a total of 109 as of 6/17/2016. More scheduled in fall 2016. Plentywood will host a course on November 26<sup>th</sup>. Course is not being taken advantage of as much as we hope. Look into different ways to promote this course.

### **Ambulance Pediatric Equipment Project-**

91 MT services requested pediatric equipment and supplies. Pictures of East Helena, Northern Cheyenne and Ashland EMS were in the August newsletter.

RTAC-each Trauma Region was funded \$3,000 for pediatric education in each region, money could sponsor pig labs, pediatric presentations at conferences, etc. A September “Pig Lab” educational opportunity was offered in conjunction with the 2016 Rocky MTN Rural Trauma Symposium (collaboration with the Central RTAC and EMSC.)

### **Promising Pregnancy /Coming of the Blessing-Training and collaboration =**

July 21-22 training in Havre in collaboration with MT DPHHS MCH and March of Dimes, MT Medicaid program, Healthy Mothers Healthy Babies/MT Children’s Trust Fund. This is an evidence-based health care delivery system that combines prenatal visits with group education. The training was specifically to work with providers who service our Native American population to incorporate culturally appropriate education into a group pregnancy care program. The training was designed for individuals providing direct medical prenatal care. Medicaid funds may be allowed @ \$30 per woman attending the sessions; Prenatal care providers specifically for those who provide services to Native American populations; Integrating traditional beliefs with current practice. To date: work on changing Medicaid rules and procedures are taking place to enable payment to the providers for this service.

EXPERT PANEL: MT EMSC/Child Ready MT was invited to be an expert panel member in WA DC regarding Pediatric Facility Recognition Collaborative. MT was paired with Oklahoma as a coaching partner. This will be a yearlong project.

**ROUNDTABLE DISCUSSION** to help inform group of other happenings across the State re: pediatric issues.

### **MT Hospital Preparedness Program with DPHHS-**

Working on Pediatric Disaster Coalition –multi state disaster surge capacity –St. Vincent’s Healthcare and Kalispell Regional Healthcare facilities are interested in this training and project. The project is in the final phase of building out the EMResource platform for the Mountain States Pediatric Disaster Coalition. Title and brief description of project: Mountain States Pediatric Disaster Coalition situational awareness and communication project. The project includes the implementation of a web-based solution designed to address the resource management needs for pediatric healthcare facilities in the Mountain States region, providing near real-time situational awareness of regional pediatric surge capacity and capability during disasters or public health emergencies affecting children. The project also includes the development of a coalition website as a centralized repository of region-specific information and resources. Training is scheduled in Billings for October 12<sup>th</sup> for hands on training with a web-based resource management system being implemented to facilitate pediatric care in a disaster.

**MT FICMMR-** reported data on child death reviews in 2013-2014. Accidents account for 46 deaths, 151 as natural {including 16 for congenital anomaly; 1 from influenza; 37 from prematurity; 5 from SIDS; 4 from pneumonia and 4 from neurological/seizure disorder; 7 from cardiovascular; 3 from cancer; 1 from low-birth weight; 24 from other perinatal conditions; 29 from other medical conditions; 3 undetermined medical cause; 12 unknowns and 5 from other infection}; 22 suicides {with the majority from a weapon or asphyxia}; 6 homicides; 31 undetermined; 22 unknown for a total of 278

deaths 0-17; 29 from motor vehicle crashes; 10 from drownings; 1 from burns, falls, and any medical cause; 3 from poisoning/overdose/acute intoxication; 7 from asphyxia; 14 from a weapon .

Juanita with the School Nurses Association-Reported that the MT School Nurses Association passed a Delegation Law as a result in the school nurse shortage in MT. School nurses may train others to help them care for the health of school aged children. Mental Health First Aid is an important need in many of Montana Schools. Juanita reported on a new Program entitled YAM which is being piloted in Gardiner School District---will report on this in future meeting.

Heather reported on special health care clinics around the state- Interested in communication tools for children with special health needs.

Tracy Riley, with Children's Mental Health reported on her program. It was suggested that Tracy give an in-depth presentation on her program. MT has an increases ED use for behavioral health issues for adolescents. Will put Tracy on **the agenda for December.**

Roger Holt, PLUK presented information on his program. PLUK is a statewide network that unites parents, professionals, families, and friends of children with special health needs. PLUK offers one on one consultations, support and services; special needs library; and group presentations. More information on PLUK will be presented at the **December Advisory committee meeting.**

Dr. Beals from Community Medical offered that he is available for advisory components for the MT EMSC/Child Ready MT. He is a resource for MT EMSC.

### **NEXT MEETING DATE**

**Scheduled for December 9th at 10-2:00-** The in person meeting will be in Helena as this is a central location and in Billings'-- telehealth portion PLEASE TRY TO ATTEND OR SEND A REPRESENTATIVE.